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TRANSMITTAL  
FORM

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TRANSMITTAL FORM  (to be used for all correspondence after initial filing)	Application Number	10/706,877
	Filing Date	11/12/2003
	First Named Inventor	Fenteany, et al.
	Art Unit	TBA
	Examiner Name	TBA
Total Number of Pages in This Submission	42697.137US8	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> - Postcard
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Hollie L. Baker
Signature	
Date	Dec. 17, 2003

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Marijke Abbes	
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENTS  
Attorney Docket No. 42697.137US8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fenteany *et al.*  
Patent Appl. No.: 10/706,877  
Filing Date: November 12, 2003  
Title: Lactacystin Analogs

Art Unit: *To be assigned*  
Examiner: *To be assigned*

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATION UNDER 37 CFR § 1.8(a)**

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Dec. 17, 2003

Date of Signature and  
of Mail Deposit

Marijke Abbes

Marijke Abbes

**PRELIMINARY AMENDMENT**

Prior to examining the above-identified application, please amend the application as follows:

**Amendment to the Specification**

At page 1, immediately following the title, please insert the following header and paragraph:

**STATEMENT AS TO FEDERALLY SPONSORED RESEARCH**

This invention was made with support from the National Institute of Health (Grant No. GM38627). Accordingly, the U.S. government may have certain rights in the invention.